

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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23364 7590 05/25/2006

BACON & THOMAS, PLLC  
 625 SLATERS LANE  
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 ALEXANDRIA, VA 22314

ATTN: JUSTIN J. CASSELL

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/679,487	10/07/2003	Gudjon G. Karason	KARA3003 /JEK /JJC	4040

TITLE OF INVENTION: PROSTHESIS SOCKET DIRECT CASTING DEVICE HAVING MULTIPLE COMPRESSION CHAMBERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/25/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
DAVIS, ROBERT B	1722	264-314000			

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bacon & Thomas PLLC

2 \_\_\_\_\_

3 \_\_\_\_\_

## ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ossur hf

Reykjavik, Iceland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies Four (4)

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-0200 (enclose an extra copy of this form).

Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

JUSTIN J. CASSELL

Typed or printed name

08/02/2006 RECEIVED 00000168 10679487  
 Date August 2, 2006  
 01 FC:1501  
 02 FC:1504 46,205 1400.00 OP  
 03 FC:8001 300.00 OP  
 12-00-00

A collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: GUDJON KARASON  
SERIAL NO.: 10/679,487  
FILED: October 7, 2003  
FOR: Prosthesis Socket Direct Casting Device  
Having Multiple Compression Chambers

GROUP ART UNIT: 1722  
EXAMINER: Robert B. Davis  
ATTY. REFERENCE: KARA3003/JEK/JJC

COMMISSIONER OF PATENTS

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Sir:

The below identified communication(s) or document(s) is(are) submitted in the above application or proceeding:

- ☒ Issue Fee Transmittal
- ☒ Check in the Amount of **\$1,712.00** (Issue Fee - \$1,400; Publication Fee - \$300; Advance Copies - \$12)
- ☒ Please debit or credit **Deposit Account Number 02-0200** for any deficiency or surplus in connection with this communication.

23364

CUSTOMER NUMBER

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Date: August 2, 2006

Respectfully submitted,

JUSTIN J. CASSELL  
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Registration Number: 46,205